

TRIPURA GAZETTE



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Agartala, Friday, May 19, 2023 A. D. Vaisakha 29, 1945 S. E.

PART -- II Advertisements and Notices

AFFIDAVIT FOR TRIPURA STATE GOVERNMENT EMPLOYEE FOR CHANGE OF NAME/SURNAME

BY THIS AFFIDAVIT I, the undersigned **BIDHAN GOSWAMI** lately called **SRI BIDHAN CHANDRA GOSWAMI** (former name) employee as Assistant Professor (Designation of the post held at the time by the Govt. Servant) under Microbiology Department of Agartala Government Medical College & GBPH, Agartala, Tripura(West) (place where employed in the Department/ Office of the State Government) do hereby

1. Wholly renounce, relinquish and abandon on the use of my former name of **SRI BIDHAN CHANDRA GOSWAMI** and I place thereof do assume from the date thereof the name of **SRI BIDHAN GOSWAMI** and so that I may hereafter be called, known and distinguished not by my former name of **SRI BIDHAN CHANDRA GOSWAMI** but by my assumed name of **SRI BIDHAN GOSWAMI**.
2. For the purpose of evidence such my determination, declare that I shall at all times hereafter in all records, deeds and writings and in all proceedings, dealings and transactions private as well as public and upon all occasions whatsoever use and sign the name of **SRI BIDHAN GOSWAMI**, as my name in place of and in substitution for my former name of **SRI BIDHAN CHANDRA GOSWAMI**.
3. Expressly authorizes and request all persons at all times hereafter to designate and address me by such assumed name of **SRI BIDHAN GOSWAMI**.
4. In witness whereof I have here unto subscribed my former and adopted name of **SRI BIDHAN GOSWAMI** and affixed my seal this 16th Day of May, 2023 before the Notary Public at Agartala Court Complex, West Tripura.

Old Signature *Bidhan Ch. Goswami*
New Signature *Bidhan G. Goswami*

Bidhan Goswami

Tripura Gazette, Extraordinary Issue, May 19, 2023 A. D.

Signed and delivered by the above

Named..... in the presence of
Formerly.....

Witness No.1
Signature.....

Name..... DR. M. S. GOSWAMI, M.D.

Designation..... Associate Professor (Anatomy)

Official Address..... AGMC & GBP Hospital, Agartala.

(with Rubber stamp)

Witness No.2
Signature.....

Name..... DR. SUBRATA BAIDYA

Designation..... Professor & HOD

Official Address..... Department of Community Medicine

(with Rubber stamp)
DR. SUBRATA BAIDYA
Professor & HOD
Department of Community Medicine
AGMC & GBP Hospital
Agartala, Tripura.

certified by me

Subrata Acharya

16/5

by 16/5/23
(RAJIB GOSWAMI)
NOTARY Govt. of Tripura,
Agartala, West Tripura,
Reqd. No.- 4112021